PART B - FEE(S) TRANSMITTAL

OCT 2 0 2008

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SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

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APPLICATION N	IO. FILIN	ILING DATE FIRST NAME		ED INVENTOR		ATTORNEY DOCKET NO.		cc	CONFIRMATION NO.	
09/802,925		2/2001	Ermanno FILIP			Q63473			7234	
TITLE OF INVENTION REACTIONS	N: PROCESS FOR	OBTAINING A HEA	ATING FLUID AS	INDIRE	ECT HEA	T SOURCE FOR C	CARRYING OU	JT ENDO	THERMIC	
APPLN. TYPE	SMALL ENTITY	l l		PUBLICATION FEE		PREV. PAID ISSUE FEE		EE(S)	DATE DUE	
nonprovisional	Yes	\$755.00	\$300.00)	\$0.00		\$1,055.00		11/18/2008	
EXAMINER			ART UN	ART UNIT		CLASS-SUBCLASS				
	1797	1797 0		48-19700R						
1. Change of correspon	dence address or inc	ication of "Fee Addres	is" (37 CFR 1.363	2. For	printing	on the patent front p	page list	1 Sug	hrue Mion, PLLC	
☐ Change of correspondence address (or Change of Correspondence Address for PTO/SB/122) attached.					ss form (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev (2) the name of a single firm (having as a										
03-02 or more recent) ATTACHED. Use of a Customer Number is require				member a registered attorney or agent) and names of up to 2 registered patent attorneys				3		
				agents	. If no r	name is listed, no n				
3. ASSIGNEE NAME	AND RESIDENCE	DATA TO BE PRIN	TED ON THE PA	printe FENT (p		ne)	-			
PLEASE NOTE: Unle	ss an assignee is ide	entified below, no assi	gnee data will app	ear on th	ne patent.	If an assignee is id	entified below,	the docu	ment has been filed for	
recordation as set forth		=			ng an assi	gnment.				
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) AMMONIA CASALE S.A. Lugano-Besso, Switzerland										
AMMONIA CASALE	S.A.	Lugano-Besso, Swit	zeriand							
Please check the appro	priate assignee cate	gory or categories (will	I not be printed on	the pater	nt): 🗆 Ind	lividual ☑ Corporat	ion or other priv	vate grou	p entity Government	
4a. The following fee(s		4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
☑ Issue Fee	☐ A check	☐ A check is enclosed.								
☑ Publication Fee (No	☐ Paymer	☐ Payment by credit card. Form 1310-2038 is attached.								
☐ Advance Order - # o		☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880.								
				☐ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.						
5. Change in Entity Sta	ntus (from status ind	icated above)								
☐ a. Applicant claims						claiming SMALL I				
The Director of the US	PTO is requested to	apply the Issue Fee an	d Publication Fee (if any) o	r to re-ap	ply any previously p	oaid issue fee to	the appli	cation identified above.	
NOTE: The Issue Fee party in interest as sho					her than t	he applicant; a regis	stered attorney of	or agent;	or the assignee or other	
Authorized Signature John Callaha			<u> </u>	Date			Octobe	October 20, 2008		
Typed or Printed Name	e (ohn T. Callahan		Regis	tration No	o.	32,607			
Modified PTOL-85 (Rev. 08/08 Approved for use through 08/31/2010. 10/21/2008 SZEWDIEZ 050000045 194880 99802925										
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